

Annie Booze

Town

County

MARYLAND

Died at

Waldorf

Charles

Date 1902

Month Day

Feb 13

Age 8

Y. M. D.

Native of

Occupation

Md.

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Fred Booze

Mother's

Maiden Name

Addie Pickell

Cause of

Primary

Blown head

Death

Immediate

Concussion of Brain

How long sick

166

Accident, Suicide, Homicide

Reported by

C. O. Monroe M. D.

Address

Waldorf, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs Amanda I Brooke

Town

County

Died at

New Port

Charles

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 30

Age

about 70 yrs

Ind

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

James I Brooke

Alvius Luncaster

Lettie Luncaster

Cause of

Primary

Paralysis

Death

Immediate

Exhaustion

How long sick

4 Months

~~Accident, Suicide, Homicide~~

Reported by

L. L. Currie M.D.

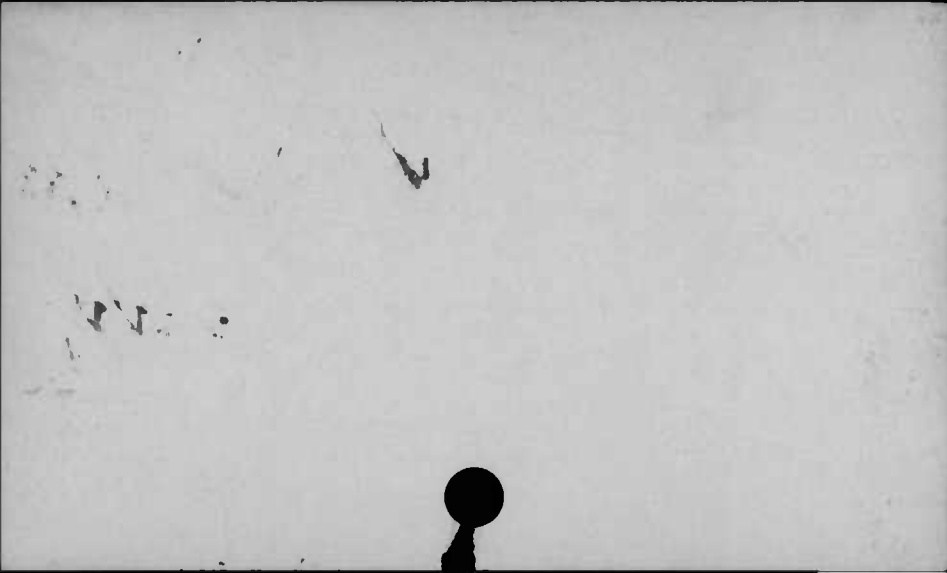
Address

New Port

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Carrie Burch

29

Town

County

MARYLAND

Died at Bryansville

Charles

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

3

20

Age

20

-

-

Mea

-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

-

Husband of

Wife of

Father's

Name

Mason Burch

Mother's

Maiden Name

Ida

Cause of

Primary

Tuberculosis Intestine

How long sick

5 yrs.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

W.C. Chappelle M.D.

Address

Bryansville Mea

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Thomas Butler

Town

County

Died at Bel allon

Charles Charles County MARYLAND

Date 1902 Month 3 Day 18 Age 80 Y. M. D. Native of M. d. Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Rebecca Butler

Father's Name James Matthews

Mother's Name Martini Butler

Cause of Death { Primary Pneumonia

Immediate Toxemia

How long sick 2 weeks

~~Added Suicide, Homicide~~

Reported by Peter W. Roby Undertaker 93

Address Bel allon M. d.

44



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month 2 Day 20 Y. 19 M. 19 D. 19 Native of Ind Occupation Ind
 Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widowed ~~Widower~~ Divorced ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name in Full

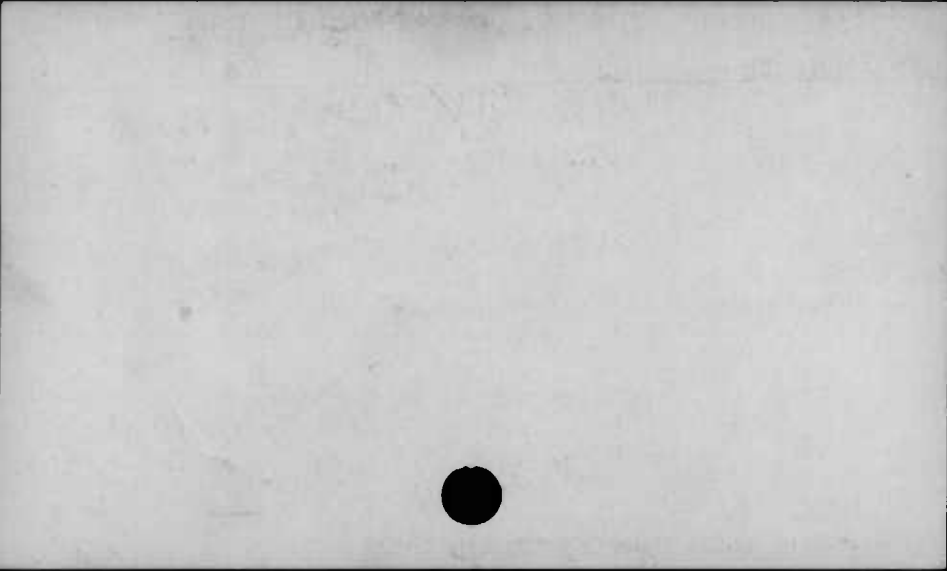
Certificate of Death

Died at *Edward Chase*
 Town *Edgar Pt Neck* County *Charles* MARYLAND
 Date 19 *02* Month *Mar* Day *9* Y. *65* M. *D.* Native of *md* Occupation *Farme*
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced
 Number of children living *6*

Husband of *Miss Jackson*
 Father's Name *Dont know* Mother's Name *Dont know*
 Cause of Death { Primary *La Gripp* Immediate *Cold* } How long sick *3 month*
 Accident, Sulcide, Homicide

Reported by *Thomas Ward*Address *Hill Top* *Charles Co md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Francis Clark

Town

County

Died at Bel Alton

Charles

MARYLAND

Date 1902 Month Mar Day 3 Age 62 Y. M. D. Native of M. d. Occupation Laborer
 Male White Married Widowed
 Female Colored Single Widower Number of children living 3

Husband of Alcie Clark

Father's Name Math Clark Mother's Name Sarah Brauner

Cause of Death { Primary Killed by B & P. R. R. How long sick 166
 Immediate Concussion of Brain Accident, Suicide, Homicide

Reported by H. H. Hewitt Acting Coroner
 Address Bel Alton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

3

30

Age

Between 60 & 70

Char Co

Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

10

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Piles complicated with ~~trouble~~

How long sick

About 4 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Jno. T. Diggins, M.D.

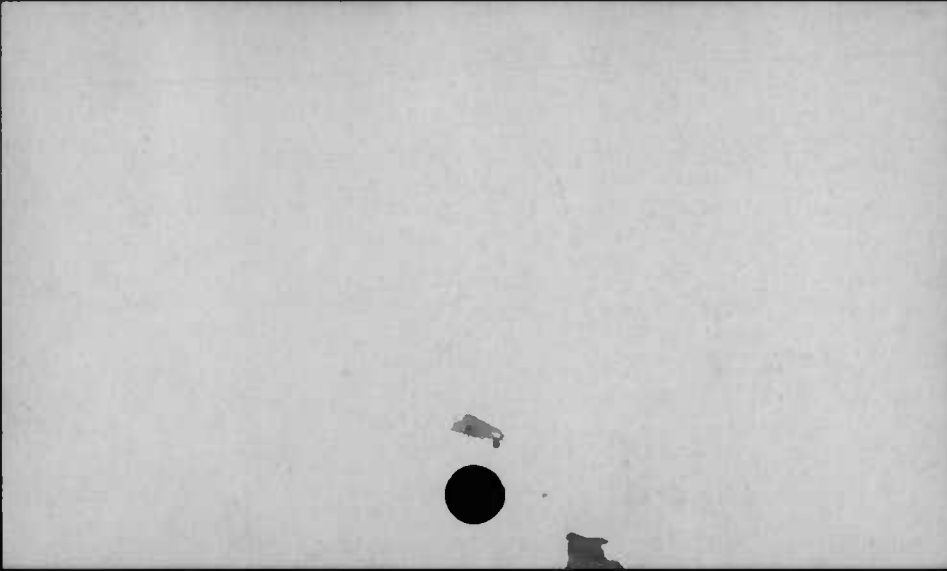
Address

Port Tobacco, Md.

109

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70698



Name in Full

Certificate of Death

M. Irem Hamiller

Town

County

Died at

MARYLAND

Died at Waldorf Ches
 Date 1902 Feb 4 4 Y. M. D. Ind Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

~~Butler~~ Albert Henry Harmon
 Town Chaplin County Charlotte MARYLAND

Died at Chaplin
 Date 18902 Month Mar Day 10 Age 1-2-14 Native of Maryland Occupation
 Male ☒ White ☒ Married ☒ Widaw ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of
 Wife
 Father's Name Will Harmon Mother's Name Blanch Harmon

Cause of Death { Primary Capillary Bronchitis How long sick 3 days
 Immediate Asphyxia Accident, Suicide, Homicide

Reported by Dr. J. H. Harmon 92
 Address Bel Air

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
 LIBRARY BUREAU, 79999

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Edward Harvey

Town

County

Died at

Faulkner

Charles

MARYLAND

Date

1802

Month

3

Day

16

Age

54

Y.

M.

D.

Native of

Occupation

North Carolina, Laborer,

Male

~~Male~~

Married

~~Married~~~~Married~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living 13

Husband

of

Nellie Harvey

Father's

Name

John Harvey

Mother's

Name

Hannah Harvey

Cause of

Primary

Consumption

Death

Immediate

How long sick

4 months

Accident, Suicide, Homicide

Reported by

Peter W. Roby Undertaker

Address

Bel Air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Infant No Name

Town

County

Died at

MARYLAND

Date 1902

Month Day

Age

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

~~Husband~~
of~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79908



Name in Full

Certificate of Death

Thomas E.C. Mack

Town

County

Died at *Bryantown* *Charles*

MARYLAND

Date 19 *02* Month *3* Day *5* Age *12* Y. M. D. Native of *Ind* Occupation *—*

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~Number of children living *—*

Husband of

Wife *—*

Father's

Mother's

Name

Maiden Name

Wm Mack

Cause of

Primary

Consumption

How long sick

6 mo

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

H.E. Chappelle

Address

Henry's - - - - -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lena Marshall

Town

County

Died at

Mar & Mary's Chambers

MARYLAND

Date 19

02 Feb 2

Age

19 - -

Native of

Ind

Occupation

Lady

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Henry Marshall

Mother's

Maiden Name

A. Marshall

Cause of

Primary

Consumption

How long sick

12 months

Death

Immediate

Grip

Accident, Suicide, Homicide

Reported by

O. O. Morris Ind 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Jas. B. Mason

Town

County

Died at

Bryantown

Lebanon

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	3	-29	74	-	-	Ind	Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	3	-	

Husband of

Wife

Father's

Name

Sybil Mason

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

1 yr.

Death

Immediate

Faint

Accident, Suicide, Homicide

Reported by

H. C. Chappelle

Address

H. C. Chapelle, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Ym A Robinson

Town

County

Died at

MARYLAND

Date 1902 Mar 8 Y. 72 M. - D. - Native of My Occupation carpenter
 Male White Married Widow ~~Divorced~~ Number of children living one
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~

Husband of

~~Wife~~

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Walker

Town

County

Died at

Faulkner

Charles

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1802	3	19	21	4	0	Baltimore	Labourer
Mala	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband

of

Laura Hamilton

Father's

Name

Samuel Walker

Mother's

Name

Millie Walker

Cause of

Primary

Bronchial Dil.

99

How long sick

3 weeks

Death

Immediate

Paralysis

Accident—Suicide—Homicide

Reported by

Peter W. Roby

Undertaker

Address

Bel allon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65187

